



APPLICATION FOR EMPLOYMENT

CITY OF TRINIDAD, COLORADO

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY.

(PLEASE PRINT OR TYPE)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative

_____ Other: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

If offered employment, can you provide proof of age? _____ Yes _____ No

Have you filed an application with the City before? _____ Yes _____ No Date: _____

Have you ever been employment by the City before? _____ Yes _____ No

If yes, give date: _____

May we contact your present employer? _____ Yes _____ No

On what date will you be available for work? _____

Are you available to work: _____ Full Time _____ Part-Time _____ Shift Work
_____ Temporary

Are you on lay-off and subject to recall? _____ Yes _____ No

Are you willing to travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last seven (7) years?
_____ Yes _____ No (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Indicate languages you speak, read, and/or write:

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List professional trade, business, or civic activities and offices held. (You may exclude those which indicate race, creed, color, sex, sexual orientation, religion, age, national origin, or ancestry.)

List name, address, and telephone number of three (3) references who are not related to you and who are not previous employers.

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS
WITH PHYSICAL OR MENTAL DISABILITIES**

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

Please list motor vehicle driver's license state and number: _____

EDUCATION

	Elementary	High	College/University	Graduate/Universtiy
SCHOOL NAME:				
YEARS COMPLETED: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE:				
Describe Course of Study:				

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Honors received:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any volunteer activities. Exclude organization names which indicate race, creed, color, sex, sexual orientation, religion, age, national origin, or ancestry.

1.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			
2.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			

EMPLOYMENT EXPERIENCE CONTINUED

3.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			
4.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet.

Special skills and qualifications:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Trinidad.

Signature of Applicant

Date

APPLICATIONS KEPT ON FILE FOR THIRTY (30) DAYS ONLY



City of Trinidad, Colorado

Authorization of Criminal Background Investigation

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized City agency conducting background investigations to obtain information relating to my criminal history record. I authorize the City agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of my suitability or eligibility for employment. I further authorize any investigator, special agent, or other duly accredited representative of the City of Trinidad to request criminal record information about me from any other criminal justice agency for the purpose of determining my eligibility for employment.

I understand and acknowledge that I may request a copy of such records as may be available to me under the law. I further understand and acknowledge that the information released by records custodians in accordance with this authorization shall be for official use by the City of Trinidad only for the purpose(s) provided in this authorization, and that said information may be re-disclosed by the City only as authorized by law.

I, _____, hereby certify that I have read the foregoing paragraphs and authorize the City of Trinidad to conduct a criminal background investigation for the purpose(s) described.

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Signature: _____ Date: _____

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing was acknowledged before me this _____ day of _____,
_____, by _____.

Witness my hand and official seal.

Notary Public

My Commission Expires: _____.

This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

NOTICE:

**Federal law requires
all employers
to verify the identity and
employment eligibility
of all persons hired to work
in the United States.**

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

For more information on E-Verify,
please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA